

Partnering With Patients to Achieve Patient-Centered Care

National Medical Home Summit Preconference Symposium

Patient-Centered Care

The Institute of Medicine's 2001 report, Crossing the Quality Chasm: A New Health System for the 21st Century, calls for health care systems that:

- Respect patients' values, preferences, and expressed needs.
- Coordinate and integrate care across boundaries of the system.
- Provide the information, communication, and education that people want and need.
- Guarantee physical comfort, emotional support, and the involvement of family and friends.

The Guided Care Model

- Specially trained RNs based in primary care physicians' offices.
- Guided Care nurses collaborate with physicians in caring for 50-60 high-risk patients with chronic conditions and complex health care needs.
- Combines disease and case management skills.
- Partnership with patients and family caregivers for the longterm, usually for life, that recognizes their priorities, preferences, and cultural traditions.
- Treats patients holistically.

Key Word is "Relationship"

- With patient.
- With family caregiver.
- With physicians.





Time builds trust.





Initial In-Home Comprehensive Assessment

- Assessment and screening.
- Review medications.
- Evaluate home safety.
- Discuss social support.
- Discuss patient preferences and priorities.

Family Caregiver invited to participate.



Evidence-Based Care Planning

Creates

- Evidence-based "Care Guides" and patient-friendly "Action Plans."
- Follow up reminders.

Provides

- Decision support on drug interactions.
- Documentation of nurse-patient and caregiver encounters.

Patient and caregiver involved in personalizing care plan.

Electronic Health Record



Sample Care Guide

Care Guide

Chronic Conditions

Condition	Descriptive information				
Constipation	2 BMs per week, Abdominal Bloating 7 times per week				
Depression	Onset - 1998, 0 drinks per week, GDS - 10/15, Suicidal Activity - no				
Disability	Difficulty Bathing, Difficulty Doing Housework, Difficulty Shopping, Difficulty Traveling				
Osteoarthritis .	Pain Score - 7/10, Uses Walker (Not Functional), Area(s) most affected - Hip, Knee, Spi				
Other	Condition Notes - cataracts				
Other . ·	Condition Notes - spinal stenosis				
Persistent Pain	Pain Score - 7/10, Uses Walker (Not Functional), Cause - Arthritis, Most affected - Hip, Kne Back				

Chronic prescription medications

Name	- <u>Dose</u>	·· Rte	Freq
Nahumetone	750 mg	PO	BID
Oxycodone and Acetaminophen	5/325 mg	PO	BID
Tramadol	NA	PO	PRN
Bisacodyl	NA	PO	PRN
Sertraline	50 mg	PO	QHS
Acetaminophen	325 mg	РО	BID
Psyllium .	l tsp	РО	QD

Overall Adherence: Poor

Sample Action Plan

NOTIFY EILEEN IF I GO TO THE HOSPITAL!!!!!

My Action Plan

Guided Care Nurse: Eileen Novak, RN, BSN

Phone #: 410-955-8979

Primary Physician: Maureen Benchaim, MD

Pharmacy: Rite Aid 410-323-8888

Morning

Noon

Afternoon

Bedtime



Take these medications even if I feel great:

Notes

ns even ii i ie	ei great.				Notes
				3 pills	To prevent seizures
1 drop both eyes	RATE &			1 drop both eyes	Glaucoma
1 drop right eye		100	1 drop right eye	1 drop right eye	Glaucoma- take about 8 hours apart
1 drop both eyes				1 drop both eyes	Glaucoma
				1 drop both eyes	Glaucoma
2 pills	2 pills		2 pills	2 pills	For hip Pain
1 pill					For blood pressure
	1 drop both eyes 1 drop right eye 1 drop both eyes	both eyes 1 drop right eye 1 drop both eyes 2 pills 2 pills	1 drop both eyes 1 drop right eye 1 drop both eyes 2 pills 2 pills	1 drop both eyes 1 drop right eye 1 drop both eyes 2 pills 2 pills 2 pills	1 drop both eyes 1 drop right eye 1 drop both eyes 1 drop right eye 1 drop both eyes 1 drop both eyes 2 pills 2 pills 2 pills 3 pills 1 drop both eyes 2 pills 2 pills 2 pills

Take these medications only if I need to:

Zantac 300 mg	As needed for heart burn	
(Ranitidine)		



- Refer patients to a Chronic Disease Self-Management course (developed at Stanford) within the community.
- Patients learn to refine and implement their Action Plans.

Monthly Proactive Monitoring

- Detect and address emerging problems.
- · Identify and clarify patients' needs.
- Use motivational interviewing skills.



Coordinating Efforts Of All Providers

- Communication between patient, family, nurse, primary care physician, and specialists.
- Bridging gaps in care.



Smoothing Transitions Between Sites Of Care

- Bring Care Guide to hospital and visit patient.
- Prepare patient and caregiver for discharge.
- Perform home visit soon after discharge; reconcile medications.
- Coordinate patient's next appointment with primary care physician.
- Keep primary care physician informed.

Educating And Supporting Caregivers

- Caregivers' needs assessment.
- Education and referrals to community resources.
- Ongoing caregiver "coaching" and support.



Facilitating Access To Community Resources

Provide access to:

- Senior Centers
- Meals on Wheels/Eating Together Programs
- Adult Day Care Facilities
- Support Groups
- Exercise Facilitators
- Local Area Agency on Aging
- Local Transportation
- Respite

Results From A Multi-Site cRCT of Guided Care

Early data from a randomized controlled trial indicate:

- Improved quality of care.
- Reduced strain for family caregivers.
- Improved physician satisfaction with care.
- High job satisfaction for nurses.
- Net costs savings.

Boult C et al. J Gerontol Med Sci March 2008
Wolff JL et al. J Gerontol Med Sci June 2009
Leff B et al. Am J Manag Care August 2009
Boyd CM et al. J Gen Intern Med Dec 2009
Wolff JL et al. Gerontologist Dec 2009
Marsteller J et al. Ann Fam Med 2010 (in press)

Why Does This Collaborative Relationship Work?

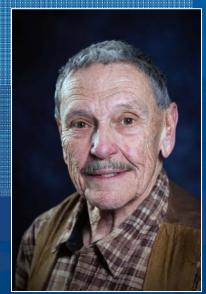
- Patients' priorities, preferences and values are built into the plan of care.
- Patients trust their Guided Care nurse.
- Primary care physicians trust the Guided Care nurse.
- Patients and families can easily access the Guided Care nurse.
- The Guided Care nurse keeps the primary care physician informed of changes with the patient.
- The Guided Care nurse helps the patient and family for the long-term, usually for life.

What Do Patients Say About Their Guided Care Nurse?

"It is like having a nurse in the family."

"Having a Guided Care nurse – someone to relieve the anxiety, reconcile the problems, coordinate my care – has been a priceless asset. She is more than a nurse, she is my friend."

"Since the nurse has been working with me,
I feel better. Also, I am using the Action Plan
that she gave me and I know what problems to
look for and how best to take care of myself."



What Do Family Caregivers Say About Their Guided Care Nurse?

"As my mother-in-law's primary caregiver, our Guided Care nurse has been a critical asset in getting timely answers to questions and dealing with emergencies, especially when they surface while I am at work."

"My husband's Guided Care nurse has helped in my role as caregiver. She is a liaison between patient and doctor when



I've needed medications, contacts, or even hospitalization. She has given me lots of moral support. Knowing that I am going to hear from her is a source of strength for me."

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Contact Information

Kathleen Trainor Grieve, RN, BSN, MHA, CCM
Guided Care Nurse
Johns Hopkins HealthCare, LLC
Baltimore, Maryland
Email: kgrieve1@jhmi.edu

Questions?

For More Information About Guided Care

www.GuidedCare.org

